

BELTON HIGH SCHOOL

**A+** Attendance Appeal

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent Address \_\_\_\_\_

Phone \_\_\_\_\_

---

This request is to appeal the attendance certification of my son or daughter for the following:

Please circle:

SEMESTER      1      2      School Year \_\_\_\_\_

---

In the space provided below, please indicate the date(s) of the absence and the reason for the request to be reviewed. You may use the back of this form if you need more room. Please attach the documentation as requested in the A+ Student Manual. Please forward this form to the A+ School Office within 30 days of being notified.

Date of Absence	Reason for Absence